

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO.

724

BIRTH NO.

PLACE OF DEATH DAND AL RESIDENCE 0206	1. PLACE OF DEATH A. COUNTY Cochise		B. LENGTH OF STAY IN THIS TOWN 3 mons. IN ARIZONA 34 years		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE Arizona B. COUNTY Cochise	
	C. CITY OR TOWN Douglas		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN St. David <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
DECEDENT PERSONAL DATA 174 4 154	D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Cochise County Hospital				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) St. David	
	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) WILLIAM B. (MIDDLE) AUGUST C. (LAST) KNIBBE		4. SEX Male		5. COLOR OR RACE White	
CAUSE OF DEATH ITEM 18)	6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married		7. DATE OF BIRTH MONTH DAY YEAR June 21 1879		8. AGE (IN YEARS LAST BIRTHDAY) 74	
	9B. KIND OF BUSINESS OR INDUSTRY Cattle		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Texas		11. CITIZEN OF WHAT COUNTRY? U.S.A.	
OPERATIONS, AUTOPSY	14A. FATHER'S NAME August Knibbe		14B. BIRTHPLACE (STATE OR COUNTRY) Texas		15A. MOTHER'S MAIDEN NAME Mary Gourley	
	16. INFORMANT'S SIGNATURE Mrs W.A. Knibbe		ADDRESS St. David, Ariz.		17. DATE OF DEATH (MONTH) (DAY) (YEAR) January 29 1954	
DEATH DUE TO EXTERNAL VIOLENCE	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 331X *THIS DOES NOT MEAN THE MODE OF DYING. SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTIONS.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (A) CEREBRO-VASCULAR ACCIDENT DUE TO (B) ARTERIOSCLEROSIS DUE TO (C) SENILITY 11. OTHER SIGNIFICANT CONDITIONS BRONCHIAL ASTHMA			
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
MEDICAL OR CORONER'S CERTIFICATION	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)	
	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY M		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
FUNERAL DIRECTOR AND REGISTRAR 134	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM NOV 4 1953 TO JAN 29 1954 THAT I LAST SAW THE DECEASED ALIVE ON JAN 29 1954 AND THAT DEATH OCCURRED AT 7 40 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		23A. SIGNATURE (DEGREE OR TITLE) E.W. Adamson M.D.		23B. ADDRESS Douglas Arizona	
	23C. DATE SIGNED JAN 30/54		24A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>		24B. DATE Jan. 29, 1954	
FUNERAL DIRECTOR AND REGISTRAR 134	24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Bisbee, Arizona		25. FUNERAL DIRECTOR'S SIGNATURE Hugh J. Jagan	
	25A. DATE REC'D BY LOCAL REG. FEB 7/54		25B. REGISTRAR'S SIGNATURE E.W. Adamson		27. EXAMINER'S SIGNATURE Hugh J. Jagan	